

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Santa Clara County Probation Dept. / JAMES RANCH
Division, Department, or Region (if applicable)

MARMET Williams Probation Counselor
Designated Agency Contact (Name, Title)

(408) 201-7600
Area Code/Phone Number

E-mail

Marmet.Williams@pro.sccgov.org

RECEIVED
San Jose City Clerk

2016 SEP 23 AM 10:50
EP mail

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 30.00

Event Description: Ringling Bros & Barnum Bailey Circus Date(s) 8, 26, 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Santa Clara County Probation JAMES Ranch</u>	<u>16</u>	<u>Giving Juvenile delinquents a chance to attend a show etc.</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] MARMET Williams Probation Counselor II 9/12/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____